Vol. 16, No. 27

Week Ending July 8, 1967

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

BUREAU OF DISEASE PREVENTION AND ENVIRONMENTAL CONTROL

EPIDEMIOLOGIC NOTES AND REPORTS NOSOCOMIAL STREPTOCOCCAL INFECTIONS New Jersey

Between April 22 and May 8, 1967, five cases of nosocomial beta-hemolytic streptococcal infections occurred on the obstetrical gynecological services of a moderatesized hospital in New Jersey. Three cases of endometritis occurred in women who had delivered 36 to 60 hours previously. The fourth case was in a patient who developed peritonitis and septicemia 36 hours after a subtotal abdominal hysterectomy. A postoperative wound infection developed in a fifth woman 2 days after tubal ligation. The fourth patient died with overwhelming sepsis; the others recovered following antibiotic therapy.

CONTENTS Epidemiologic Notes and Reports Nosocomial Streptococcal Isolations - New Jersey 221 Current Trends Meningococcal Infection - January-June 1967 223 International Notes Sulfonamide-Resistant Group A Meningococci

An investigation was initiated after the first four infections. Throat cultures were taken from all personnel who had worked on the obstetrical or surgical services during the time these patients were hospitalized. No Group A beta-hemolytic streptococci were found. When the fifth (Continued on page 222)

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES (Cumulative totals include revised and delayed reports through previous weeks)

	27th WEER	K ENDED	MEDIAN	CUMULATIVE, FIRST 27 WEEKS			
DISEASE	JULY 8, JULY 9. 1967 1966		MEDIAN 1962 - 1966	1967	1966	MEDIAN 1962 - 1966	
Aseptic meningitis	41	40	33	929	805	759	
Brucellosis	sintelli es 4 a later	10	francia Calenda 7 care	137	112	174	
Diphtheria.	3	5	5	55	84	141	
Encephalitis, primary:			Golfmarshre-defe	95. 21800	WID DEPON	STILLING STEEL	
Arthropod-borne & unspecified	31	37	a perpendicular	694	689	I there is not a second	
Encephalitis, post-infectious	14	17	of Advanced Manham	480	473	and higher all his	
Hepatitis, serum Hepatitis, infectious	55	30	1 519	1,077	683	22,000	
Hepatitis, infectious	537	415	313	20,322	17,377	\$ 22,000	
Malaria	43	9	2	1,037	158	44	
Measles (rubeola)	545	2,061	4,614	55,066	180,739	339,840	
Meningococcal infections, total	36	29	29	1,439	2,358	1,634	
Civilian	36	27	of right decay anything	1,335	2,097	THE THROUGH IN	
Military	no distribute toni	2	world to informer	104	261	0.715	
Poliomyelitis, total	25 111 11000 1200	4	5	11	30	48	
Paralytic	right providence	4	5	9	28	37	
Rubella (German measles)	607	541	Office Northwest	37,471	39,025	egolovi,	
oreptococcal sore throat & scarlet fever	4,949	4,634	3,987	281,664	269,144	248,733	
Tetanus	3	4	5	93	75	118	
Iularemia	3	6	6	78	78	131	
Typhoid fever	7	7	9	195	163	190	
Typhus, tick-borne (Rky. Mt. spotted fever)	20	5	6	110	87	86	
Rabies in animals	70	64	64	2,367	2,315	2,315	

NOTIFIABLE DISEASES OF LOW FREQUENCY

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Anthrax Botulism: III2	2	Rabies in man Rubella, Congenital Syndrome	-
Septospirosis Hawaii-1	19	Trichinosis: NYC-1, Calif1	42
Plague Psittacosis: Texas-1, Calif2	26	Typhus, murine: Texas-2 Polio, Unsp.	

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NOSOCOMIAL STREPTOCOCCAL ISOLATIONS - New Jersey

(Continued from front page)

case became apparent on May 8, further studies were undertaken. The patient, operating room, and nursing schedule records were examined. Fifteen individuals who had had common contact with more than one of the infected patients were questioned about recent infections, had blood drawn for ASO titers, and had cultures taken of their nose, throat, and rectum. Vaginal cultures were also obtained from the nursing staff.

All physicians and nurses denied symptoms of recent infection, and none had been in contact with all of the cases. However, one physician had delivered the first case and was present at the operations on the fourth and fifth cases. The second culture survey demonstrated that this physician was carrying a beta-hemolytic Group A streptococcus in his nose, but not in his throat. All cultures obtained from other personnel were negative for Group A streptococci. A streptococcal organism of the same type (M:nontypable, T:28) was isolated from both the index case and the fatal case. The streptococcus isolated from the fifth case was a different type (M:12, T:12). Unfortunately, isolates from the remaining two cases were not saved and could not be typed.

beta hemotypic streptococci were found. When the fifth

One nurse had performed the perineal preparations of the first three cases. She had no contact with the other cases. Serologic studies revealed that she had an elevated ASO titer.

The exact means by which all cases acquired infection could not be established. It was hypothesized that the physician, a nasal carrier of beta-hemolytic Group A streptococci, transmitted this pathogen to the index and fourth cases. The nurse may have acquired the organism by contact with the physician, become asymptomatically infected, and transmitted streptococci to the second and third cases at the time of perineal preparations. The origin of the organism responsible for the fifth case, which was unrelated to the other cases on the basis of typing, could not be established.

The physician was treated with oxacillin and his nasal cultures became free of streptococcus. No further cases have occurred since May 8.

(Reported by Dr. William J. Dougherty, Director, Division of Preventable Disease Control Programs, New Jersey State Department of Health; and an EIS Officer.)

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On June 25, 1967, a 4-1/2-year-old Navajo boy who lives on a large Navajo Indian reservation in Arizona suddenly developed fever, malaise, headache, and painful swelling of the left axilla. The symptoms persisted and he was admitted to the Public Health Service Indian Hospital in Tuba City on June 27 with a temperature of 104°F., chills, and tender adenopathy of the left axilla. No history of recent contact with animals was obtained. A chest X-ray was normal, and a lumbar puncture revealed normal cerebrospinal fluid.

A gram stain of material aspirated from the left axilla revealed gram-negative rods. A sample of this material and a blood culture were examined by the Zoonoses Section, Ecological Investigations Program, NCDC, in San Francisco. Test animals were inoculated with these specimens and typical plague lesions resulted. Subsequent subcultures of these lesions yielded gram-negative, bipolar staining microorganisms which were identified as Pasteurella pestis by phage reactions, agglutination tests, and fluorescent antibody stains.

The child was initially treated with penicillin, streptomycin, and tetracycline. Penicillin was omitted after the diagnosis of bubonic plague was established. The child responded well to therapy and, though still hospitalized, had almost completely recovered by July 5.

The immediate vicinity of the patient's home in the Tuba City service area was investigated; no dead animals were discovered. However, die-offs have been observed this year among two separate prairie dog colonies located 6 miles south of the child's home. The most recent die-off had occurred about 3 weeks before the onset of the patient's illness, and Pasteurella pestis was isolated from a pool of 20 fleas collected from this colony. The child apparently had not visited this area and had not travelled recently in any area other than that near his home. None of the other 14 members of the patient's family had been ill at the time of onset of illness; all have remained well following sulfonamide prophylaxis.

Additional ecologic and epidemiologic investigations are continuing in an effort to establish the means by which the infection was acquired and to further define the extent of plague activity in the Tuba City service area.

(Reported by Dr. Melvin H. Goodwin, Director, Preventive Medical Services, Arizona State Department of Health; Dr. Robert C. Vanderwagen, Chief, Community Health Services and Plague Control Officer, Window Rock, Arizona; Zoonoses Section, Ecological Investigations Program, NCDC, San Francisco, California.)

CURRENT TRENDS MENINGOCOCCAL INFECTION — January-June, 1967

The total of 1,403 cases of meningoccal infection reported to the National Communicable Disease Center for the first 26 weeks of 1967 represents a 40 percent decrease from the 2,329 cases notified for the comparable period in 1966. As shown in Figure 1, the 1967 monthly attack rates are the lowest recorded since 1963. The seasonal pattern has remained consistent with that established in previous years.

In Table 1, the 26-week totals for 1967 and 1966 are divided into military and civilian cases and listed by geographic region. The 1967 military total dropped to 104 cases (7.4 percent) from 259 cases (12.5 percent) in 1966. In both categories in all but one region, the num-

bers of 1967 cases are lower than those for 1966; more military cases were reported in the Middle Atlantic Region in 1967 than in 1966.

The sulfadiazine sensitivity of meningococci submitted to the NCDC from 1964 through the first 26 weeks of 1967 is illustrated in Figure 2. The sensitivity pattern of the 365 strains isolated in 1967 is very similar to that observed in 1966. Forty-two percent of the 1967 strains were resistant to a concentration of one milligram percent of sulfadiazine.

(Reported by the Bacterial Diseases Section, Epidemiology Program, and the Bacterial Serology Unit, Bacteriology Section, Laboratory Program, NCDC.)

Figure 1

REPORTED CASES OF MENINGOCOCCAL INFECTION, UNITED STATES, 1960-1967*

MONTHLY RATES PER 100,000 POPULATION ADJUSTED TO AN ANNUAL BASE

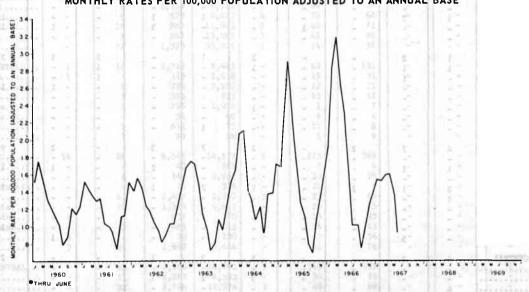
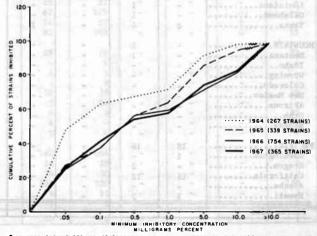


Table 1 Meningococcal Infection — United States First 26 Weeks of 1966 and 1967

	-	1967	uk 1	1966				
	Mili- tary	Civil- ian	Total	Mili- tary	Civil- ian	Total		
United States	104	1,299	1,403	259	2,070	2,329		
New England	1	56	57	4	103	107		
Middle Atlantic	36	183	219	28	238	266		
East North Central	1	178	179	5	362	367		
West North Central	2	61	63	17	111	128		
South Atlantic	10	259	269	39	343	382		
East South Central	7	110	117	39	168	207		
West South Central	6	193	199	76	264	340		
Mountain	3	22	25	4	69	73		
Pacific	38	237	275	47	412	459		

Figure 2
SUSCEPTIBILITY OF MENINGOCOCCI TO SULFADIAZINE*



Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JULY 8, 1967 AND JULY 9, 1966 (27th WEEK)

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JULY 8, 1967 AND JULY 9, 1966 (27th WEEK) - CONTINUED

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Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

JULY 8, 1967 AND JULY 9, 1966 (27th WEEK) - CONTINUED

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UNITED STATES	4,949	3	93	3	78	17	195	20	110	70	2,367
NEW ENGLAND	951		1	1			2	-	14. 111	2	57
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Missouri	15	10	3	-	4	1 1	2	-	1	1	106
North Dakota	140	11 18	1.7		7 776	1 301	-	-	2 5 1 33	5	96
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	26	1111	2		1/12	20	3		2 5 10	ANSARA	edsald:
Hawaii											

Week No. 27

DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED JULY 8, 1967

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Disk A-Onlyse Lot A	CONTRACT AND ADDRESS OF THE PARTY OF THE PAR		Pneumonia	Under		A11 Ca	auses	Pneumonia	Under
Area	All 65 years and		1 year	Area	A11	65 years	and	1 year	
EMITTOR BE BE SHOULD DE LE COMPANIE	Ages	s and over All All Ages Causes		The Section of Section 2	Ages	and over	Influenza All Ages	All Cause:	
NEW ENGLAND:	605	366	25	33	SOUTH ATLANTIC:	1,003	517	36	22
Boston, Mass	212	109	7	11	Atlanta, Ga	88	45	30	33
Bridgeport, Conn	25	13	1.000	2	Baltimore, Md	187	92	6	5
Cambridge, Mass	30	25	OTT AV	-	Charlotte, N. C	44	19	BOX 700 /8	5
Fall River, Mass	26	20	2	3	Jacksonville, Fla	59	24	- 97731 /KD	4
Hartford, Conn	46	30	STAGE BUT	3	Miami, Fla	81	40	1	1
Lowell, Mass	30	16	3	3	Norfolk, Va	52	29	5	2
Lynn, Mass	15	12	2	AS MILE	Richmond, Va	100	3ز	2	4
New Bedford, Mass	22	18	65 38 15UE	47 141	Savannah, Ga	17	11	CR METERS	2
New Haven, Conn	41	18	, Industria	3	St. Petersburg, Fla	81	69	3	-
Providence, R. I	53	32	2	3	Tampa, Fla	75	37	13.70.6	1
Somerville, Mass	7	5	-	-	Washington, D. C	180	78	6	5
Springfield, Mass	35	22	7	1	Wilmington, Del.*	39	20	2	1
Waterbury, Conn Worcester, Mass	13 50	39	y, Tribland	2	EAST SOUTH CENTRAL:	449	26.2	22	24
morecater, radar	30	3,9	e viili	r ole	Birmingham, Ala	64	242 35	22	24
TIDDLE ATLANTIC:	2,829	1,577	74	119	Chattanooga, Tenn.*	36	20	3	2
Albany, N. Y	48	28	hebitall, a	111	Knoxville, Tenn	23	19		_
Allentown, Pa	42	25	1	3	Louisville, Ky	84	51	6	3
Buffalo, N. Y	144	74	5	8	Memphis, Tenn	115	48	3	12
Camden, N. J	34	21	1	-0110140	Mobile, Ala	44	25	2	3
Elizabeth, N. J	25	16	2	n He	Montgomery, Ala	16	8	2	13101
Erie, Pa	29	16	2	3	Nashville, Tenn	67	36	2	1000
Jersey City, N. J	49	27	SHOUL MINES	2			and the state of	and and distance	to the
Newark, N. J	85	42	40 100 1200	7	WEST SOUTH CENTRAL:	964	485	37	57
New York City, N. Y	1,465	816	42	50	Austin, Tex.	26	17	5	1
Paterson, N. J	33	15	-	2	Baton Rouge, La	37	20	tien broud	estal)
Pittsburgh, Pa	356	182	12	12	Corpus Christi, Tex Dallas, Tex	28	12		
Reading, Pa	168	87		10	El Paso, Tex	147	64	3	13
Rochester, N. Y	31 95	20	TEC15 TEO	10	Fort Worth, Tex	39	19	100 of early	3
Schenectady, N. Y	39	63	1000		Houston, Tex	67	35	2	1
Scranton, Pa	34	25 15	1 1 1	3	Little Rock, Ark	176 39	87 20	5 5	9
Syracuse, N. Y	49	31	î	4	New Orleans, La	175	84	101112	14
Trenton, N. J	39	25		1	Oklahoma City, Okla	70	37	etne-1005	5
Utica, N. Y	32	21	11	1	San Antonio, Tex	72	42	6	4
Yonkers, N. Y	32	28	1	1	Shreveport, La	43	25	5 100	2
1 P	6				Tulsa, Okla	45	23	3	4
AST NORTH CENTRAL:	2,336	1,254	49	123				THE REAL PROPERTY.	
Akron, Ohio	56	26	- 1	4	MOUNTAIN:	374	224	16	14
Canton, Ohio	41	23	6	2	Albuquerque, N. Mex	29	10	3	1
Chicago, Ill	665	374	19	31	Colorado Springs, Colo.	18	11	3 0	01501
Cincinnati, Ohio	143	69	6	6	Denver, Colo	127	74	5	4
Cleveland, Ohio	204	97	2	10	Ogden, UtahPhoenix, Ariz	20	16	3	1
Columbus, Ohio Dayton, Ohio	118	64	3	8	Pueblo, Colo	64	39	2	4
Detroit, Mich	75	141	3	3	Salt Lake City, Utah	19	14	-	1
Evansville, Ind	310 29	148		16	Tucson, Ariz	50	32	The state of the s	1
Flint, Mich	35	17	1	2		47	28		1
Fort Wayne, Ind	41	17	1	2	PACIFIC:	1,336	787	10	62
Gary, Ind	31	18	1 3	2	Berkeley, Calif	23	17	19	62
Grand Rapids, Mich	54	39	3	3	Fresno, Calif	61	34	2	4
Indianapolis, Ind	149	81	2	10	Glendale, Calif	32	22	SECTION SE	1
Madison, Wis	36	17	197	7	Honolulu, Hawaii	44	22	thorn with	4
Milwaukee, Wis	119	70	11 - 19	6	Long Beach, Calif	80	52	a conner for	4
Peoria, Ill	31	16	- 9(4)	2	Los Angeles, Calif	361	202	3	20
Rockford, Ill	36	20	1	5	Oakland, Calif	75	47	1 1	4
South Bend, Ind	35	23	1	2	Pasadena, Calif	36	29	de la la luc	1
Toledo, Ohio	81	50	1	2	Portland, Oreg	111	68	4	7
Youngstown, Ohio	47	25	1		Sacramento, Calif	57	26	1	4
EST NORTH CENTRAL:			1		San Diego, Calif San Francisco, Calif	84	47	1	7
	634	370	13	38	San Jose, Calif	159	88	2	1
Des Moines, Iowa	32	18	-	2	Seattle, Wash	32	20		1
Muluth, Minn	24	13	3	2	Spokane, Wash	95	55	3	2
Kansas City, Mo	21 111	69	2	5	Tacoma, Wash	46	32	7.	1 2
Lincoln, Nebr	27	16	1	2		40	26	1	2
Minneapolis, Minn	80	53	1	5	Total	10 520	5 000	201	F02
Omaha, Nebr	74	36	2	2		10,530	5.822	291	503
St. Louis, Mo	180	102	3	17	Сип	ulative !	Totals		
St. Paul, Minn	48	31	1	3	including reports			previous we	eks
Wichita, Kans	37	22			Profes Draw				
Carbination and any		200			All Causes, All Ages All Causes, Age 65 and c				

INTERNATIONAL NOTES SULFONAMIDE-RESISTANT GROUP A MENINGOCOCCI

During April 1967, an Army laboratory in South Vietnam conducted a survey for meningococcal carriers. From the total number of persons studied, one Group A, one group C, and seven Group B strains were identified. All of these strains were sulfadiazine resistant. The Group A strain was not inhibited by one milligram percent of sulfadiazine, but was inhibited by five milligrams percent. All strains were sensitive to penicillin.

Sulfonamide-resistant Group A meningococci have been reported from North Africa, Holland, and Vietnam during the first 6 months of 1967.

(Reported by Dr. Malcolm S. Artenstein, Chief, Department of Bacteriology, Walter Reed Army Institute of Research; and Dr. Harry A. Feldman, Chairman, Committee on Meningococcal Infections, Commission on Acute Respiratory Diseases, Armed Forces Epidemiological Board.)

POLIOMYELITIS - Nicaragua

An epidemic of poliomyelitis affecting all areas of Nicaragua has been reported to the Pan American Health Organization by the Ministry of Health. More than 300 paralytic cases with 39 deaths have been reported to date. Approximately 90 percent of the cases have been in children under 4 years of age.

A vaccination program on Sunday, July 11, was carried out in 1,500 centers in all 16 Departments of Nicaragua.

Type I poliovirus was isolated from stool specimens from paralytic cases at the Middle American Research Unit in Panama.

(Reported by Dr. Charles Williams, Deputy Director, Pan American Health Organization; Dr. Karl Johnson, Director, Middle American Research Unit; and a team from NCDC.)

ERRATUM: Vol. 16, No. 26, p. 210

In the Influenza Recommendations for 1967-68, the word 'not' should be deleted from the second sentence of the second paragraph so that the sentence reads: "Type B strains were similar to those isolated in the 1965-66 season but did show antigenic differences from earlier type B strains."

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 17,000, IS PUBLISHED AT THE NATIONAL COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

DIRECTOR, NATIONAL COMMUNICABLE DISEASE CENTER
DAVID J. SENCER, M.D.
A.D. LANGMUIR, M.D.
ACTING CHIEF, STATISTICS SECTION
IDA L. SHERMAN, M.S.

IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE NATIONAL COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT
NATIONAL COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

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